FORM B UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF NEW YORK

ELECTRONIC CASE FILING SYSTEM OUT OF DISTRICT ATTORNEY REGISTRATION FORM

LIVE SYSTEM

This form shall be used to register an out of district attorney on the U.S. Bankruptcy Court for the Northern District of New York Electronic Case Filing (ECF) System (hereinafter *System*) by attorneys who (1) reside and **practice outside of this district** and/or (2) represent parties in New York on a **pro hac vice basis**. A registered participant will have privileges to submit documents electronically, and to view and retrieve docket sheets and documents for all cases assigned to the Northern District ECF *System*. (NOTE: A PACER account is necessary for access to files and documents.) You may register for a PACER account either online at http://pacer.psc.uscourts.gov or by calling 1-800-676-6856).

| First/Middle/Last Name: | | |
|---|---|--|
| Bar ID #: | | |
| | | |
| State of Admission: | | |
| Admitted to Practice in the U.S. District Court for: | | |
| Firm Name, if applicable: | | |
| Mailing Address: | | |
| | | |
| Voice Phone Number: | | |
| voice i none indifficer. | | |
| Fax Phone Number: | | |
| Internet E-MAIL Address: | | |
| Send Notices to these additional E-MAIL Addresses: | | |
| | | |
| Send Electronic Notice (check one) | ach Filing End of Day Summary | |
| Send Electronic Notice in the following format (check or | ıe): | |
| HTML for Netscape, ISP mail service, i.e., AOL, | Hotmail, Yahoo, etc. | |
| Text for cc:Mail, GroupWise, Outlook, Outlook E | xpress, other (please list) | |
| If "in-house" training is required, please indicate your type Trustee, Other (please specify) | pe of legal practice. Debtor, Creditor, | |
| | | |

December 13, 2002

| U. S . 1 | Bankruptc | y Court - NDNY ECF Administrative Procedures |
|-----------------|---|---|
| Nam | e(s) of sup | oport staff you would like trained with you: |
| | | |
| In ord | der to qual s one of th | lify for an account on the system, the out-of-state attorney/participant must certify that he or she he following conditions. Please check the applicable box(es): |
| | | I am registered as an ECF participant in the United States Bankruptcy Court in another state or district. Please indicate court or district(s): |
| | | I have read the NDNY Administrative Order and Procedure regarding ECF and have completed training as required by the NDNY Administrative Procedure. |
| By su | ıbmitting tl | his registration form the applicant agrees to adhere to the following: |
| 1. | This access is for use only in ECF cases filed in the U.S. Bankruptcy Court for the Northern District of New York. It may be used to file and view electronic documents, docket sheets, and reports. NOTE: A PACER account is necessary for this access and the registration information is referenced above. | |
| 2. | The FRBP 9011 requires that every pleading, motion, and other paper (except lists, schedules, statements, or amendments thereto) filed with the Court be signed by at least one attorney of record or, if the party is not represented by an attorney, by the party. The unique password issued to a participant identifies that participant to the Court each time he or she logs onto the <i>System</i> . The use of a participant's password constitutes the signature for the purposes of FBRP 9011 on any document or pleading filed electronically using that participant's password. Therefore, a participant must protect and secure the password issued by the Court. If there is any reason to suspect the password has been compromised, it is the duty of the participant to immediately change his or her password through the "Utilities" menu in the <i>System</i> . After doing so, the participant should contact the ECF Help Desk to report the suspected password compromise. | |
| 3. | electro | tration shall constitute a request and an agreement to receive service of pleadings and other papers onically pursuant to FRBP 9036, where service of pleadings and other papers is otherwise ted by first class mail, postage prepaid. |
| 4. | Papers | rstand that by submitting an application for a password I agree to adhere to all of the rules and tions in the NDNY Administrative Procedures for Filing, Signing and Verifying Pleadings and s by Electronic Means currently in effect, and any changes or additions that may be made to such istrative Order. |
| | | |
| Applic | cant's Sign | nature |

Last Four Digits of Social Security Number (for security purposes)

Privacy Disclaimer: The Court may periodically send out announcements and updates by mail that are pertinent to ECF practice. However, the information contained within this application will not be sold or otherwise distributed by this office to outside sources.

Please return this form to the New York Northern Office at:

U.S. Bankruptcy Court Attn: IT Manager James T. Foley US Courthouse 445 Broadway, Suite 330 Albany, New York 12207

December 13, 2002